

United States District Court
District of Massachusetts

FILED
CLERK'S OFFICE Civil Action

JUN 29 P 4:44

DISTRICT COURT
COMMONWEALTH OF MASS.

Plaintiff

June M. Siman
42 Walnut St.
Dedham, MA. 02026

Defendants

Nstar Gas & Electric
One Nstar Way
Westwood, MA. 02090-9230
&

Dedham Housing Authority
163 Dedham Boulevard
Dedham, MA. 02026

Parties

- 1) The Plaintiff is a resident of the Town of Dedham Massachusetts and is a client of both parties listed as defendants.
- 2) The Plaintiff is a single mother with long standing disabilities

Case 1:04-cv-01485-RCL Document 2 Filed 06/29/2004 Page 2 of 18 (2)

3) The defendant entity Ustar's offices are located in the neighboring town of Westwood Massachusetts & provides utilities to the Town of Dedham.

4) The defendant entity the Dedham Housing Authority (here-after: the D.H.A.) ~~pre~~ administers the plaintiff's Federal Housing subsidy. Their offices are located in Dedham, Mass., And Joann Toomey is the Executive Director.

Jurisdiction

Ustar is overseen by the Department of Telecommunications and energy - which is a Federal Agency and The D.H.A. is subject to Federal Jurisdiction as the plaintiff's subsidy is Federal.

Facts

1) On August 27th, 2003, the defendant contacted both Ustar & the DTE in order to try to rectify her arrears, and to dispute the mounting gas bill, as it was being manually entered & she'd not had an actual read in years.

2) On August 27th, 2003, the defendant sent out Certified letters to both the DTE

and Ustar and provided the necessary documentation required to obtain serious illness protection for her household.

3) On September 11th, 2003, the defendant again contacted both the D.T.E. and Ustar, as she had not received any response to her letters of August 27th.

4) On 9/16/2003, Ustar discontinued the plaintiff's electricity due to mounting arrears despite the letters sent and the serious illness protection, though they later returned it.

5) On 10/12/2003 the ^{Plaintiff} ~~defendant~~ was hospitalized due to a number of complications regarding her health-until 10/20/2003.

6) On November 4, 2003, the ~~defen~~ plaintiff acquired the appropriate documentation to renew her serious illness protection.

7) In May of 2004, on the 27th, Ustar again discontinued service to the plaintiff's home. Where-upon plaintiff made a Two hundred dollar payment and obtained the required documentation that provides for serious illness protection.

8) On June 7th, 2004, the plaintiff sent out 5 Certified Letters, containing all pertinent

documentation to the following agencies (4)
Case 1:04-cv-11485-RCL Document 2 Filed 06/29/2004 Page 4 of 18
that she might avail herself of any assistance
available to her:

ABCD

178 Tremont St.

Boston, MA. 02111

SELF Help Inc.

1326 Main St.

Brockton, MA. 02301

Catholic Charities

270 Washington St.

Somerville, MA. 02143

Good Neighbor Energy Fund

Salvation Army

147 Berkeley St.

Boston, MA. 02119

United Way

245 Summer St.

Boston, MA. 02210

9) The Plaintiff requested only assistance with
the electric bill, because - as of Aug. 27, 2003,
the Gas Usage is in dispute.

10) On June 23, 2004, Ustar shut off Gas
Service to the plaintiff's residence; despite
receiving the appropriate documentation
providing for serious illness protection &
despite the amount of usage being
disputed.

11) On June 14, 2004, the D.H.A. sent a notice of termination of housing subsidy due to non payment of utility bills.

12) On June 21, 2004, plaintiff made formal request for hearing.

13) On June 24, 2004, plaintiff's gas meter was changed - entry into the home was not required. She had believed it was serviced in September of 2003.

The Ustar employee provided plaintiff with a receipt and explained that the meter dated to 1997. The actual read on the old meter was 0115. The read the plaintiff is being charged on is 8047.

14) Plaintiff has discovered an old bill, dated July 9, 2002, which shows that her bill has been estimated as far back as 5/8/2001. The estimated read for July of 2002 is 1898.

15) The plaintiff has not had any response from the D.H.A. since applying for a hearing and she is currently without gas service and has in fact received notice of termination of her electric service on July 15th, 2004, despite the 60 days afforded her under Serious illness protection.

Case 1:04-cv-11485-RCL Document 2 Filed 06/29/2004 Page 6 of 18

16) Wherefore, the Plaintiff respectfully moves this Court to order Ustar to Abide by the Federal and State Rules governing both Serious illness protection and the process of disputing Gas usage. The plaintiff further requests that the DTE investigate her situation, as it appears that Ustar has been arbitrarily inputting the amount of Gas usage attributed to the plaintiff for, at the very least - 3 years! The plaintiff requests as well that the D.I.A. recall its primary purpose; nor seek to aid and abet Ustar in ~~an~~ unjust practices; nor to cause plaintiff to be homeless because she has availed herself of the Laws that govern utility shut-off protection.

17) Lastly, the plaintiff requests the Court appoint an attorney, whether through the Americans with Disabilities Act Trial Court Division or other means; as the case at hand is complex and all the issues are too lengthy for a full disclosure by plaintiff's own hand.

June M. Finnan
42 Walnut St.
Dedham, MA. 02026
(No phone)

7002 2410 0006 0175 3421

CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Postage	\$ 83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.83

June M. Siman
 42 Walnut St.
 Dedham, MA. 02026
 September 11, 2003

Sent To
NSTAR Gas & Electric
 Street, Apt. No.,
 or PO Box No. **P.O. Box 4508**
 City, State, ZIP+4
Waltham, MA 01858-4508

NSTAR Electric 2333 191 1000

Dear Sirs and Ma'ams,

Please be advised that this letter comes to you by way of Certified U.S. Post, as did my previous letter of 8/27/2003. Among the documents enclosed please find a copy of said receipt, signed on 8/28/2003. I have yet to receive a response. In the meantime, I've had another notice of shut-off from NSTAR, which will be effective September 25, 2003 unless I pay \$1168.63 as well as an additional \$878.98 due for the electric bill by September 15, 2003. I sent you copies of my income verification in my last missive, as well as letters from my Doctor. I informed both your Office and NSTAR by Certified Post that I have no phone and that calling the Credit Department at NSTAR by pay phone is a costly venture with no certain hope of getting through to a representative before one runs out of funds. I have received no written response from either but for the current shut of notice, a copy

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Postage	\$ 60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To
Dept. of Telecommunications & Energy
 Street, Apt. No.,
 or PO Box No. **One South Station**
 City, State, ZIP+4
Boston, MA 02110

an Inquiry into the validity of the Gas bill, for read the meter, though they've never particularly the last time they shut my There are only three people living in this tryer are electric. I do not see how my bill inue to attribute to me. NSTAR's ne to oversee it. My disability limits my

7002 2410 0006 0175 3421

June M. Siman
42 Walnut St.
Dedham, Ma 02026
August 26, 2003

DEPARTMENT OF TELECOMMUNICATIONS AND ENERGY (DTE)
CONSUMER DIVISION
ONE SOUTH STATION
BOSTON, MA 02110

Re: Notice of inability of NSTAR to continue with serious illness protection for Account number 2333 191 1000, dated August 22, 2003, received August 25, 2003.

Dear Sirs,

I am writing to you regarding my utility bills and the difficulty I've had trying to pay them and all the bills associated with a three bedroom home and three children on a very limited income, by anyone's standards. Yesterday, after complying with the requests of the utility company regarding the documentation required, I received notice that they would no longer continue my serious illness protection as they need not do so any longer under your departments guidelines. I dispute this finding. Further, I would like to know more about the GOOD NEIGHBOR FUND, for though I've contributed in times of plenty, I've never been afforded the assistance of said funds. I would like to know who qualifies for those funds and how destitute one must be in order to qualify? I must keep this missive brief because of the time restrictions placed upon filing for my right to dispute, which this document formally declares. Please be advised that this letter is being sent Certified U.S. Post in order to document dates and all correspondences that they may be employed as factual representation of events should Court proceedings be in order. Be advised as well that should matters be unresolvable, I reserve the right to seek redress for the *years* that NSTAR has been billing me purely on an arbitrary basis claiming that my gas meter is unreadable, and once going so far as to send me a bill for \$9000.00!

I have included copies of the material faxed to NSTAR offices and have sent them duplicates Certified U.S. Post due to this turn of events. I will be sending copies of all

materials to various government and media Agencies once I determine the best venues and will update you on all correspondences. For myself, I would relish having everything shut off in order that the *myths* about the *assistance* given to *Loyal U.S. Citizens* be dispelled in the light of the truth; for my children I would hate to see them suffer, which is why I bothered to apply for the protection in the first place. You will find copies of my income, and you will wonder, as I often have, how I manage to dress my children at all; how I can possibly feed them anything healthy; how I manage feminine hygiene with two menstruating daughters. This world is impossible and many suffer. The true torture for me is that the Country I pledged my *Sacred Allegiance* to, does not honor me, does not honor mothers in general, and merely pays lip service to the underprivileged. Principle and practice seem to have become irreconcilable. Perhaps I have not properly put it to the test however, and so I appeal to you on behalf of my children, who will be starting school in September, please help me? I cannot borrow any more money. I recently received a small amount of back pay from Social Security Disability but, unfortunately, I still owed \$400.00 for the money I borrowed in May of 2003 in order to pay the \$470 required by NSTAR to keep the gas on, and \$400.00 I borrowed in order to keep my vehicle, which takes me back and forth to all my Doctors appointments thus saving the Commonwealth the expense of transporting me. That was over two months ago and I still owe my cousin another \$1,000.00. I don't know how I managed till now, but I am out of resources and I know not where to turn. It is impossible that this should happen to any family in this Country. And I am not always capable or lucid enough to function and get things done, and I've no assistance. I also have no phone. I cannot afford it. The letter NSTAR sent me says I can call the credit department to get help, but I ran out of Quarters (\$5.00 worth, last time I tried), before I was taken off hold. This whole situation is very dispiriting, and I can only hope that you will give me ample time to respond, as all our dealings will have to be through the Post. I cannot afford to waste what little resources I have on hold.

I would welcome the assistance of any organizations that can help me. I did try to put a budget together with a friend but when it became evident that my household's bare expenses far outweighed my income, she became even more dispirited than I was. It is a terrible thing to be in a hopeless situation and have children depend on you to rear them with some modicum of hope, if not for now, then the future. But such has been my life since my disability took hold. It has been many years that I have been "robbing Peter to pay Paul", and I don't have it in me to continue. Do what you deem appropriate.

Please forgive my disorganized writing, but time is of the essence. This document states my intention to dispute the findings regarding Account # 2333 191 1000, and if the same findings hold for Account # 1570 644 0045, I dispute them as well. I have not been informed that the second account is unprotected but I did get a shut off notice so please be advised that if protection is removed I've already made my intention of disputing said , known. Thank you for your kind attention to this matter.

Sincerely

June M Siman

ENC.7uy

SHUTOFF NOTICE

DEAR CUSTOMER:

JUNE 28, 2004

YOUR SERVICE IS SCHEDULED FOR SHUTOFF ON JULY 15, 2004.

TO AVOID SHUTOFF, PLEASE PAY \$1329.92 BY JULY 14, 2004. IF YOU PURCHASED ELECTRICITY FROM AN ELECTRICITY SUPPLIER, THE SHUTOFF AMOUNT INCLUDES CHARGES FROM YOUR DISTRIBUTION COMPANY (NSTAR) AND YOUR ELECTRICITY SUPPLIER. TO MAKE PAYMENT ARRANGEMENTS, CALL THE CREDIT DEPARTMENT TOLL FREE AT 1-800-592-2000 BETWEEN 8:00 A.M. AND 5:00 P.M., MONDAY-FRIDAY.

IF YOU PAY AT A PAYMENT AGENCY, CALL THE CREDIT DEPARTMENT IMMEDIATELY WITH YOUR RECEIPT NUMBER TO PREVENT SHUTOFF.

IF YOUR SERVICE IS SHUT OFF, IT WILL BE RECONNECTED WITHIN 24 HOURS AFTER PAYMENT HAS BEEN RECEIVED. THE RECONNECT FEE WILL BE \$15.00.

OPEN BALANCE \$1514.92

LAST PAYMENTS RECEIVED
NONE

IF YOU PAY AT A PAYMENT AGENCY, CALL THE CREDIT DEPARTMENT IMMEDIATELY WITH YOUR RECEIPT NUMBER TO PREVENT SHUTOFF.

YOUR ACCOUNT NUMBER IS 2333-191-1000
FOR SERVICE AT: 42 WALNUT ST
DEDHAM MA 02026

***** ESTE E' UM AVISO IMPORTANTE. QUEIRA MANDA-LO TRADUZIR. *****
***** ESTE ES UN AVISO IMPORTANTE. DEBE SER TRADUCIDO. *****

WESTERN UNION
BOSTON CHECK CASHERS R 000011
HYDE PARK MA
NSTAR

Z172720 0569 05/28/04 11:51AM 148 129900
8023331911000

00 CHECK PD	\$0.00	CASH PD	\$200.00
01 STATEMENT	\$200.00	TOTAL PD	\$200.00
CHANGE DUE	\$0.00		END12

2 HOURS LEFT

CAREFULLY

MAY 14, 2004
AY 20, 2004 OR WITHIN
OUR PAYMENT.

IF YOU PURCHASED
THE SHUTOFF AMOUNT
MPANY (NSTAR) AND YOUR
YMENT. PAYMENT
EDIT DEPARTMENT AT
P.M., MONDAY-FRIDAY.
PAYMENT ARRANGEMENTS



CUSTOMER SERVICE CENTER 1-800-592-2000
TECH CENTER FOR BUSINESS CUSTOMERS 1-800-340-9822

11000000525542681755115660000048357 30 1570 644 0045 05 H

Account Number

JUNE M SIMAN-PASSI
42 WALNUT ST
DEDHAM MA 02026-2921

Please Pay
\$525.54



NSTAR Gas

RETURN THIS PORTION WITH YOUR PAYMENT. PLEASE BRING ENTIRE BILL WHEN PAYING IN PERSON.

48357 4197

2 1MD

YOU MIGHT BE ELIGIBLE TO RECEIVE A \$100 REBATE FROM NSTAR IF YOU PURCHASE A HIGH-EFFICIENCY GAS WATER HEATER WITH AN ENERGY FACTOR RATING OF .61 OR HIGHER AND HAVE THE WATER HEATER INSTALLED BY A LICENSED CONTRACTOR. FOR DETAILS OR REBATE FORMS CALL 1-800-232-0672 OR CONTACT YOUR PLUMBER. MORE INFORMATION IS ALSO AVAILABLE ON WWW.NSTARONLINE.COM.

Account Number	Billing Date	Next Read Date
1570 644 0045	Jun 27, 2002	Jul 9, 2002

Service Provided to

JUNE M SIMAN-PASSI
42 WALNUT ST
DEDHAM MA 02026

Account Summary

Previous Bill	628.57
Payment - Thank You	-145.00
Total Charges for Gas	41.97
Amount Due	\$525.54

Gas Used

Rate 05-Residential Assistance Heat
Meter 1255283
Jun 06, 2002 Estimated Read 1898
May 08, 2002 Estimated Read - 1837
CCF Used in 29 Days 61
Times Therm Factor X 1.0382
Therms Billed this Meter 63

Charges for Gas Used

Delivery Charges	
Customer Charge	5.30
Distribution Charges	
1st 20	.35520 X 20 Therms 7.10
Over 20	.11630 X 43 Therms 5.00
Distrib Adj	.00720 X 63 Therms 0.45
Delivery Charges Total	17.85
Supplier Charges	
Cost of Gas	.38280 X 63 Therms 24.12
Total Charges for Gas	41.97

Date	Therms
05/08*	107
04/08*	164
03/08*	224
02/06*	246
01/08*	243
12/07*	168
11/07*	178
09/07*	33
08/08*	27
07/10*	43
06/08*	61
*Estimate	

SINCE A RECENT ACTUAL READING SHOWS NO GAS USAGE, THIS BILL HAS BEEN ESTIMATED. THE ACTUAL READING IS A CHANGE FROM PAST USAGE PATTERNS. PLEASE CONTACT OUR OFFICE BETWEEN 8:00 A.M. AND 4:30 P.M.



CUSTOMER SERVICE CENTER 1-800-572-9300
OR OUT OF STATE 1-508-481-7900

IF YOU WISH TO DISPUTE YOUR BILL

If you do not think your bill is correct, or if you wish to dispute all or part of your bill, please call

1-800-592-2000

or write

NSTAR
Customer Care
Dept. SW-200
One NSTAR Way
Westwood, MA 02090-9230

Please include an explanation of your inquiry and a phone number where you can be reached between 9:00 a.m. and 5:00 p.m. Please include your home phone number as well. We will thoroughly research your inquiry and promptly report the results back to you.

If you are not satisfied with our investigation or the payment plan we have offered on the overdue portion of your bill, you may appeal by writing the Department of Telecommunications and Energy, Consumer Division, One South Station, Boston, MA 02110, or by calling 1-800-392-6066 or 1-617-305-3531. The DTE's Web Site address is www.magnet.state.ma.us/dpu/

PAYMENT PLANS

We will work with you to set up an equal payment budget plan. We also offer an extended payment agreement that lets you spread any overdue part of your bill over a minimum of four months while you continue to pay your current bills.

SERVICE RESTORATION

If your service was shut off because we were not aware that you are in one of these financial hardship categories, and if you meet all eligibility requirements, your service will be restored.

www.nstaronline.com



AN IMPORTANT MESSAGE FROM NSTAR

Esta información trata sobre su derecho al uso del servicio eléctrico o gas. Si usted no entiende inglés, pida que alguien se la traduzca, o llame al número de la NSTAR que aparece impreso en su factura.

A representative from NSTAR came today to:

☐ Collect payment of your overdue electric or gas bill

☒ Shut off your electric or gas service

Customer Jane Simon-Pass ^{Reason Amount} Boiler Furnace

Address 42 Walnut ^{electronic thermostat}

Amount Due \$ 789.07

2333-191-1000

NSTAR Account Number

9/16

Date

Employee Number

last payment for

Please call NSTAR at 1-800-592-2000

to discuss payment options.

The information in this brochure explains your rights and options that may apply to you.



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United Way
245 Summer St.
Boston, MA.
02210

2. Article Number

(Transfer from service label)

7003 1010 0004 5859 9675

PS Form 3811, August 2001

Domestic Return Receipt

ZACPR1-03-Z-0985

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2. Article Number
(Transfer from service label)
PS Form 3811, August 2001

7003 1010 0004 5859 9668
Domestic Return Receipt

ZACPR1-03-Z-0985

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Law*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

HEAVEN SENT

☐ Agent
☐ Addressee

C. Date of Delivery

☐ Yes
D. Is delivery address different from item 1? ☐ No
If YES, enter delivery address below:
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent
☐ Addressee

C. Date of Delivery

☐ Yes
D. Is delivery address different from item 1? ☐ No
If YES, enter delivery address below:

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Catholic Charities
270 Washington St.
Somerville, MA.
02143

2. Article Number

(Transfer from service label)

7003 1010 0004 5859 9662

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Law*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

HEAVEN SENT

☐ Agent
☐ Addressee

C. Date of Delivery

6/8/04

☐ Yes
D. Is delivery address different from item 1? ☐ No
If YES, enter delivery address below:

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Good Neighbor Energy
Fund / Salvation Army
147 Berkeley St.
Boston, MA.
02119

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Law*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

HEAVEN SENT

☐ Agent
☐ Addressee

C. Date of Delivery

6-8-04

☐ Yes
D. Is delivery address different from item 1? ☐ No
If YES, enter delivery address below:









3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

ORDER NO.:


COMMITTED TO SERVING THE CUSTOMER

AND THE COMMUNITY

1-800-592-2000



ACCOUNT NO:															
NAME:															
ADDRESS:															
TOWN/ZIP:															
PHONE:															
APT.:															

BILLING ADDRESS:												
ACCOUNT NO:												
NAME:	PHONE:											
ADDRESS:	APT.:											
TOWN/ZIP:												

WORK STATUS			
CHARGE		METER WORK	
WARRANTY		ODOR INVEST.	
NO CHARGE		COMPLETE	
RECALL		INCOMPLETE	
ODOR DETECTED:	YES		NO

SERVICE DATE:	6-10-68	START:	AM	STOP:	AM	AREA/FUNC.	755 1000-1
PERFORMED BY:		START:	AM	STOP:	AM	AREA/FUNC.	

DESCRIPTION OF WORK PERFORMED

2000 - 2001 - 2002

QTY	STOCK CODE	DESCRIPTION OF MATERIALS	UNIT PRICE	AMOUNT \$
LABOR CALC:		\$ / HR	LABOR \$	TOTAL MATERIAL
1st 15 min.				SALES TAX
Addl _____				TOTAL LABOR
SR / OTHER DISCOUNT		FLAT RATE \$	QTY	FLAT RATE ODOH
<input type="checkbox"/> Yes <input type="checkbox"/> No				FLAT RATE PUMP
CUSTOMER SIGNATURE: X				TOTAL BILLING
				M

COMPONENTS CHECKED / ADJUSTED			
GENERAL		WARM AIR	
MAIN BURNER		FAN CONTROL	
PILOT		LIMIT CONTROL	
RELAY		BLOWER MOTOR	
GAS VALVE		PULLEY/BELT	
THERMOSTAT		FAN HOUSING	
FLUE PIPE		AIR FILTER	
DRAFT			
MODULE			
TRANSFORMER			
VENT DAMPER			
DIVERTER			

PAYMENT: ☐ MASTERCARD/VISA ☐ BILL ME

MasterCard/Visa # _____ Exp. Date ____/____/____

HOT WATER		STEAM	
AQUASTAT		PRESSUREtrol	
PRESSURE GAUGE		PRESSURE GAUGE	

NAME		ADDRESS		TOWN/ZIP		SERVICE DATE		PERFORMED BY		DESCRIPTION OF	
42 WALNUT ST		DECHAM, MA 02026		Tel: (800) 592-2000		Order# 3		AMOUNT DUE \$2,500.00			
FROM: NSTAR Gas		One NSTAR Way		Westwood, MA 02090-9200		Tel: (800) 592-2000		Order# 3			
ACCOUNT NO. 1570-644-0045		Rte 666									
LABOR CALC:		1st 15 min		Add'l		SR / OTHER DISCOUNT		FLAT			
CUSTOMER SIGNATURE		Yes		No							
PAYMENT: <input type="checkbox"/> MASTERCARD		MasterCard/Visa #									

To arrange for payment and/or restoration of service, call the telephone number shown above (located below the Company name and address).

Once we are notified that payment has been made, your service will be restored within 24 hours.

...SAFETY...

GAS:

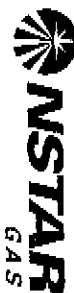
Someone must be at the premise at the time of restoration to allow our service technician access to your appliances. There may be a service charge for any reconnect after 3 p.m.

ELECTRIC:

For your safety and protection of your property, someone must be at the premise at the time of restoration, OR THE MAIN BREAKER MUST BE IN THE "OFF" POSITION.

FOR ELECTRIC CUSTOMERS ONLY:
If you purchase electricity from an electricity supplier, the shutoff amount includes charges from your distribution company, NSTAR, and your electricity supplier.

ATTEND TO SERVING THE CUSTOMER
AND THE COMMUNITY
1-800-592-2000



WORK STATUS	
METER WORK	
ODOR INVEST.	
COMPLETE	
INCOMPLETE	
YES	NO

EA/FUNC.	
AF/FUNC.	

ADJUSTED	
APRM AIR	
TOL	
TOL	
OR	

Jeff Pouta

JUN 21 12:31P

rec'd by Jennifer Pouta

June Siman
42 Walnut St.
Dedham, MA. 02026

Joanne Toomey,
Executive Director
Dedham Housing Authority
163 Dedham Blvd.
Dedham, MA. 02026,

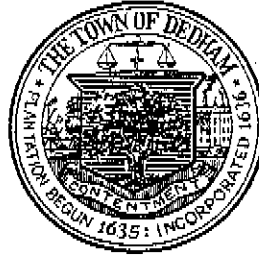
Dear Ms. Toomey,

I am writing in answer to
your letter of 6/14/04 - post
marked 6/15/2004.

I hereby formally request
an Hearing regarding my eligibility
to receive housing Assistance.

Sincerely
June M. ~~Siman~~
Siman

Joanne Toomey
Executive Director



TEL: (781) 326-3543
FAX: (781) 326-1023
TDD: (781) 326-7302

DEDHAM HOUSING AUTHORITY
163 Dedham Boulevard, Dedham, Massachusetts 02026

June 14, 2004

June Siman
42 Walnut Street
Dedham, MA 02026

Dear Ms. Siman:

The Dedham Housing Authority has obtained information that could result in denial of your continued participation in the Section 8 Housing Choice Program for failing to fulfill your family obligations.

- 1) **#5 The family is responsible for Housing Quality Standards breached which are caused by the family's failure to pay for tenant supplied utilities;** (You have a large outstanding balance owed for electricity)

You may contest this information and ask that your participation in the program continue. To do so, you must make a request, in writing, for an informal hearing within five working days after receiving this notification. The purpose of this informal hearing is to make a final determination on your eligibility to receive housing assistance.

To request an informal hearing, your letter must be addressed to Joanne Toomey, Executive Director, Dedham Housing Authority, 163 Dedham Blvd, MA 02026.

At this informal hearing you have the option of obtaining legal counsel and presenting relevant evidence in your favor. South Middlesex Legal Services phone numbers are 508-620-1830 or 800-696-1501.

If an Informal Hearing is not requested within 5 days, the Housing Authority will begin termination of your Section 8 Housing Assistance benefits.

Sincerely yours,

Jennifer Polito
Leased Housing Representative
Enc.